

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-023041

STATE FILE NUMBER

Registration District No. 378 Primary Registration District No. 4552 Registrar's No. 27

FILED MAY 27 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1141

2 11412

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9 241X

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12 90-2

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mountain Grove</u>		c. CITY OR TOWN <u>Mountain Grove</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>702 West First Street</u>		d. STREET ADDRESS (If outside, give location) <u>702 West First Street</u>	
3. NAME OF DECEASED (Type or print) First <u>Albert</u> Middle <u>FRANKLIN</u> Last <u>EDWARDS</u>		4. DATE OF DEATH Month <u>May</u> Day <u>8</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/4/1911</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sgt. U.S. Army</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>52 Years</u>
11. BIRTHPLACE (City and state or country) <u>Macon, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Robert Edwards</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah McCarty</u>	
14. NAME OF HUSBAND OR WIFE <u>Millie McCarty</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes - World War 2 and Korean</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Mrs Millie McCarty - Mtn. Grove, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Congestive Heart Disease</u>			<u>4 Hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Emphysema</u>			<u>3 yrs</u>
DUE TO (c) <u>Bronchial Asthma</u>			<u>12 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour, a.m., p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>May 7, 1963</u> to <u>May 7, 1963</u> and last saw him alive on <u>May 8, 1963</u> Death occurred at <u>5:00 A.</u> m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W. A. Craig D.O.</u> (Degree or title)		22b. ADDRESS <u>Cor. First & Talcott Sts. Mountain Grove, Missouri</u>	
22c. DATE SIGNED <u>5/9/63</u> (State)			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5/12/1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pisgah Cemetery</u>		23d. LOCATION (City, town, or county) <u>Texas County, Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Barber Funeral Home - Mtn. Grove, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>5-23-63</u>	
26. REGISTRAR'S SIGNATURE <u>Blaise Liberman</u>			

MAY 28 1963

JUN 24 1963

MAY 28 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Bob Dan Student Embalmer No. 678 working under my personal supervision.

Student Bob Dan
Signature of Student Embalmer

Signed George Stapp

Licensed Embalmer No. 3461

P. O. Address W. E. ... MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.